RPN WORKLOAD COMPLAINT FORM

RPNs are required to complete all of SECTION 1 through 6 of this form prior to submitting it to the Chief Nursing Officer.

SECTION 1: INFORMATION

Name(s) Of Employee(s) Reporting:	
Employer:	Unit/Program:
Date of Occurrence:	Time: ☐ 7.5 Hr Shift ☐ 11.25Hr Shift
Name of Supervisor:	Date/Time Submitted:

SECTION 2: DETAILS OF OCCURRENCE

Provide a concise summary of the occurrence:

☐ Short staffed ☐ Higher than usual patient assignment ☐ More patients than could be safely managed ☐ Increased patient care needs ☐ Multiple high-needs patients
☐ Unexpected patient admission ☐ Multiple admissions at the same time ☐ Patient transfer
☐ Patient discharge ☐ Increased workload due to patient acuity ☐ Increased workload due to unexpected events
☐ Additional duties added to my workload ☐ Duties normally performed by another position
☐ Unit Assistant duties added to my workload ☐ Unable to complete all required duties
☐ Documentation was delayed ☐ Unable to take required break ☐ Asked to work beyond normal assignment
☐ Other: _____

Check one: ☐ Is this an isolated incident? ☐ An ongoing problem?

SECTION 3: INITIAL ATTEMPT AT RESOLUTION

At the time the workload issue occurred, did you discuss the issue within the unit/area/program?

☐ Yes What was the outcome of the discussion and what solutions were identified?

☐ Asked for help ☐ Asked for additional staff ☐ Asked what should be prioritized
☐ Discussed reassigning patients ☐ Discussed reassigning tasks ☐ Another staff member helped
☐ Manager/supervisor provided help ☐ Staff were moved/reassigned ☐ Work was delayed
☐ Some work could not be completed ☐ No solution was available ☐ Workload remained unmanageable
☐ Other: _____

☐ No Why not? _____

☐ Manager/supervisor was not available ☐ No time to discuss the issue
☐ Situation was resolved before it could be discussed ☐ Issue occurred near the end of the shift
☐ Staff were too busy ☐ Unsure who to speak with
☐ Other: _____

Failing resolution at the time of occurrence, did you seek assistance from a person designated by the employer as responsible for a timely resolution of workload issues?

☐ Yes What was the outcome of the discussion and what solutions were identified?

☐ Additional staff were provided ☐ Another staff member helped ☐ Patients were reassigned
☐ Tasks were reassigned ☐ Work was prioritized ☐ Manager/supervisor provided direction
☐ Staff were brought in from another area ☐ Some work was delayed
☐ Some work could not be completed ☐ Break was delayed or missed ☐ No additional help was provided ☐ No change was made ☐ Workload remained unmanageable ☐ Issue was only temporarily resolved
☐ Other: _____

☐ No Why not? _____

☐ Manager/supervisor was not available ☐ No time to seek assistance ☐ Situation resolved before assistance was needed
☐ Issue occurred near the end of the shift ☐ Too busy to leave the unit/area
☐ Unsure who to contact
☐ Other: _____

Did you discuss the issue with your immediate supervisor (i.e unit manager or designate) within 48 hours of the occurrence?

☐ Yes What was the outcome of the discussion and what solutions were identified?

☐ Concern was acknowledged ☐ Workload was reviewed ☐ Staffing was reviewed
☐ Additional staff were provided ☐ Work was reassigned ☐ Workload/priorities were discussed
☐ Changes were made to prevent the problem from happening again
☐ Manager said the issue would be followed up ☐ No changes were made
☐ Concern was not resolved
☐ Other: _____

☐ No Why not? _____

☐ Manager/supervisor was not available ☐ No opportunity to speak with them
☐ Unable to leave the unit/area ☐ Issue was already resolved ☐ Forgot to follow up
☐ Did not know who to contact
☐ Other: _____

SECTION 4: WORKING CONDITIONS/CONTRIBUTING FACTORS

In order to effectively resolve workload issues, please provide details about the working conditions **at the time of occurrence** by providing the following information:

# of scheduled staff	□ RPN____	□ RN_____	☐ Unit Clerk____	☐ Support Staff____
# of staff working	□ RPN____	□ RN_____	☐ Unit Clerk____	☐ Support Staff____
# of agency staff	□ Yes	□ How Many? _____		□ No
# of RPNs on Overtime	□ Yes	□ How Many? _____		□ No

If there was a shortage of staff at the time of the occurrence (including support staff), please check one or all of the following that apply:

☐ Absence/Emergency leave ☐ Sick call(s) ☐ Vacancies

Please check off the factor(s) you believe contributed to the workload issue:

☐ Change in patient acuity. Provide details: _____

_____

_____

☐ Number of beds. Provide details: _____

_____

_____

☐ Number of Admissions. Provide details: _____

_____

_____

☐ Number of Discharges. Provide details: _____

_____

_____

☐ Other. Please specify and provide details: _____

_____

_____

SECTION 5: RPN RECOMMENDED SOLUTIONS

Please check-off one or all of the areas you believe should be addressed in order to prevent similar occurrences:

☐ In-service ☐ Orientation

☐ Review nurse/patient ratio ☐ Review policy/procedures

☐ Float/casual pool ☐ Adjust supporting staff

☐ Adjust RPN staff ☐ Equipment

☐ Replace sick calls, vacations, paid holidays or other absences

Provide details for each checked box above: _____

_____

_____

☐ Other solutions: _____

_____

SECTION 6: EMPLOYEE SIGNATURES

Signature _____ Phone # _____

Signature _____ Phone # _____

Signature _____ Phone # _____

Date submitted: _____

SECTION 7: MANAGEMENT COMMENTS

_____

_____

_____

_____

_____

_____

_____

Process as outlined in Article 9.15 (b) – (d)

Step 1 *Employee(s) are to raise their concern(s) with immediate supervisor within 48 hours of the occurrence.*

Step 2: *The supervisor is to provide a response within 5 working days.*

Step 3 *If the supervisor's response is unsatisfactory, the employee(s) may submit* a Workload Complaint Form to the CNO within 48 hours, with a copy to the Union. A meeting with the CNO will be held within 30 days. A Union representative may attend this meeting.*

Step 4 *The CNO is to provide a response within 15 days. A copy of the response will be sent to the Union, if applicable.*

Step 5 *If the CNO's response is unsatisfactory, the employee(s) may request a meeting with the CEO (or designate) within 48 hours. This meeting is to be held within 30 days. A Union representative may attend this meeting.*

Step 6 *The CEO (or designate) will provide a written response within 15 days. A copy of the response will be sent to the Union, if applicable.*

*This form may be submitted via email.